

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		12-16-99
O.I.P.E. CLASSIFIER			12-22-99
FORMALITY REVIEW	LA	63390	11/14/00
RESPONSE FORMALITY REVIEW	LA	63390	12/15/00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	1-7-91-01
2	1-2-91-03
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet h r

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